

Hardy & Hardy Funeral Home Record

Name of Deceased	Andrew Elsworch Callahan
Page Number	Page 11
Marital Status	Widowed
Residence	Bryant, Indiana
Charge To	(blank)
Address	Bryant, Indiana; R.R.
Order Given By	Chester Callahan
How Secured	Phone
If Veteran, State War	(blank)
Occupation	Farmer
Social Security Number	(blank)
Employer and Address	(blank)
Date of Death	January 6, 1947; 4:30
Date of Birth	October 25, 1867
Age	79 Years
Date of Funeral	January 9, 1947; Monday
Services At	Sardinia Christian Church
Clergyman	(blank)
Religion of the Deceased	(blank)
Birthplace	Bearcreek Twp., Jay Co.
Resided in the State	79 Years
Place of Death	Adams Co. Hospital
Cause of Death	Myocardial Exhaust
Contributory Cause	Pneumonia
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Indiana
Name of Father	Christian Callahan
His Birthplace	Ohio
Maiden Name of Mother	Lucinda Baker
Her Birthplace	Virginia
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Gravel Hill
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERAL

<p>Total No. <u>11</u> Yearly No. _____</p> <p>Name of Deceased <u>Andrew Calverbach Caccaban</u> <input type="checkbox"/> Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p> <p>Residence: <u>Bryant, Indiana</u></p> <p>Charge to: _____</p> <p>Address: <u>Bryant, Ind. R.R.</u></p> <p>Order given by: <u>Chester Caccaban</u> <small>(or Informant)</small></p> <p>How Secured: <u>Phone</u></p> <p>If Veteran, State War _____</p> <p>Occupation: <u>Farmer</u></p> <p>Employer and Address _____ <small>(Social Security Number)</small></p> <p>Date of Death: <u>January 6 '47</u> <u>4:30</u> <small>(Date) (Hour)</small></p> <p>Date of Birth: <u>October 25, 1867</u></p> <p>Age: <u>79</u> <small>(Years) (Months) (Days)</small></p> <p>Date of Funeral: <u>January 9, 1947 - Mon.</u> M. <small>(Date) (Day of Week) (Hour)</small></p> <p>Services at: <u>St. Francis Christian Church</u></p> <p>Clergyman: _____ <small>(Address)</small></p> <p>Religion of the Deceased _____</p> <p>Birthplace: <u>Beards Creek Twp. Jay Co.</u></p> <p>Resided in the State: <u>79</u> <small>(or U. S. or City or County) (Years) (Months)</small></p> <p>Place of Death: <u>Admission Hospital</u></p> <p>Cause of Death: <u>Myocardial Infarct</u></p> <p>Contributory Causes: <u>Pneumonia</u></p> <p>Certifying Physician: <u>Dr. C. P. Hackman</u> <small>(or Coroner)</small></p> <p>His Address: <u>Geneva, Ind.</u></p> <p>Name of Father: <u>Christian Caccaban</u></p> <p>His Birthplace: <u>Ohio</u></p> <p>Maiden Name of Mother: <u>Francis Baker</u></p> <p>Her Birthplace: <u>Virginia</u></p> <p>Remains to: _____</p> <p>Color of Casket: _____ <small>(State Color and Number)</small></p> <p>Manufactured by: <u>Gravel Hill</u> <small>(Cemetery Crematory)</small></p>	<p>Total No. <u>12</u></p> <p>Name of Deceased: <u>Andrew</u> <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single</p> <p>Residence: <u>Geneva</u></p> <p>Charge to: <u>Mrs. F. C.</u></p> <p>Address: <u>Geneva</u></p> <p>Order given by: <u>Mrs. F.</u> <small>(or Informant)</small></p> <p>How Secured _____</p> <p>If Veteran, State War _____</p> <p>Occupation: <u>Housewife</u></p> <p>Employer and Address _____</p> <p>Date of Death: <u>January 2</u> <small>(Date)</small></p> <p>Date of Birth: <u>October</u> <small>(Date)</small></p> <p>Age: <u>85</u> <u>3</u> <small>(Years) (Months) (Days)</small></p> <p>Date of Funeral: <u>Jan. 4, 47</u> <u>W.</u> <small>(Date) (Day of Week)</small></p> <p>Services at: <u>St. Francis</u></p> <p>Clergyman: <u>Rev. James</u></p> <p>Religion of the Deceased: <u>Methodist</u></p> <p>Birthplace: <u>Chatham</u></p> <p>Resided in the State: _____ <small>(or U. S. or City or County)</small></p> <p>Place of Death: <u>St. Louis</u></p> <p>Cause of Death: <u>Hypertension</u></p> <p>Contributory Causes: <u>Cerebral Fracture</u></p> <p>Certifying Physician: <u>Dr. C. P.</u> <small>(or Coroner)</small></p> <p>His Address: <u>Geneva</u></p> <p>Name of Father: <u>Jacob</u></p> <p>His Birthplace: <u>Germany</u></p> <p>Maiden Name of Mother: <u>Hester</u></p> <p>Her Birthplace: _____</p> <p>Remains to: _____ <small>(Motor Ship)</small></p> <p>Size of Casket: <u>10</u></p> <p>Manufactured by: _____ <small>(Cemetery Crematory)</small></p>
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Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Size of Casket: 10

Manufactured by: _____
(Cemetery Crematory)

West Lawn